

LLIS - Initial Visit

Today's Date: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

Name: _____

Eval: ____ 10th visit: ____ 20th visit: ____ 30th visit: ____ D/C: ____

Please rate your pain level with activity:

0	1	2	3	4	5	6	7	8	9	10	
NO PAIN											VERY SEVERE PAIN

Listed below are symptoms or problems reported by many individuals with lymphedema. Please indicate to what extent these problems associated with your lymphedema have affected you in the past week. Circle the number which best describes your symptom level.

I. Physical Concerns

(NOTE: If swelling and symptoms are the same in both limbs, rate them the same; rate only the worst limb)

1. The amount of pain associated with my lymphedema is:

	0	1	2	3	4	
	no pain				severe pain	

2. The amount of limb heaviness associated with my lymphedema is:

	0	1	2	3	4	
	no heaviness				extremely heavy	

3. The amount of skin tightness associated with my lymphedema is:

	0	1	2	3	4	
	no tightness				extremely tight	

4. The size of my swollen limb(s) seems:

	0	1	2	3	4	
	normal size				extremely large	

5. Lymphedema affects the movement of my swollen limb(s):

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
normal movement				extremely limited

6. The strength in my swollen limb(s) is:

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
normal strength				extremely weak

II. Psychosocial Concerns

7. Lymphedema affects my body image (how I think I look):

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
not at all				completely

8. Lymphedema affects my socializing with others.

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
no interference				interferes completely

9. Lymphedema affects my intimate relations with spouse or partner (rate 0 if not applicable).

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
no interference				interferes completely

10. Lymphedema “gets me down” (i.e., I have feelings of depression, frustration, or anger due to the lymphedema).

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
never				constantly

11. I must rely on others for help due to my lymphedema.

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
not at all				completely

12. I know what to do to manage my lymphedema.

<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
good understanding				no understanding

III. Functional Concerns

13. Lymphedema affects my ability to perform self-care activities (i.e., eating, dressing, hygiene).

0	1	2	3	4
no interference				interferes completely

14. Lymphedema affects my ability to perform routine home or work-related activities.

0	1	2	3	4
no interference				interferes completely

15. Lymphedema affects my performance of preferred leisure activities.

0	1	2	3	4
no interference				interferes completely

16. Lymphedema affects the proper fit of clothing/shoes.

0	1	2	3	4
fits normally				unable to wear

17. Lymphedema affects my sleep.

0	1	2	3	4
no interference				interferes completely

IV. Infection Occurrence

18. In the past year, I have become ill with an infection in my swollen limb requiring oral antibiotics or hospitalization.

0	1x	2x	3x	4+
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